

LOUISIANA MEDICAID LONG TERM CARE CHOICE OF SERVICE

Name _____ SS# _____ Contact Date _____ Time ____:____
Mailing Address _____ Parish _____
Telephone Number _____ Date of Birth _____ Sex _____

Louisiana Medicaid offers **two** distinct settings for persons requesting Long-term Care services. One is a facility setting. This includes nursing facility or ICF/MR facility care. The other setting is Home and Community-Based waiver Services (HCBS).

A HCBS "Waiver" gives you a choice to receive Medicaid services in your home and community rather than receiving care in a nursing facility. It is the ultimate goal of the department to allow recipients to make an informed choice of setting in which to receive Medicaid services. Along those lines, **YOU** have the freedom to choose between a nursing facility or a community-based setting.

At the current time there may not be enough slots available in order to provide services to you in the community. If you choose community services, you will be placed on a registry for the appropriate waiver. While you wait for a slot to open, you **may be eligible** to receive appropriate services in a nursing facility. In any regard, your choice will not have a negative impact on your receipt of nursing facility services if these are needed while you wait for community placement. Also, your level of care may not make community placement appropriate for you.

If you wish to be assessed for community services, please let us know. The Department of Health and Hospitals, Bureau of Community Support & Services will contact you for an assessment.

CHOICE OF SERVICE

Select one of the following choices:

- ☐ A. My choice of service is Nursing Facility or ICF/MR Facility care.
- ☐ B. My choice of service is HCBS and I would like more information about these services, but I will accept Nursing Facility or ICF/MR Facility care until HCBS is available for me.
- ☐ C. My only choice of service is HCBS and I would like more information about these services.

If item B or C above is selected, please complete the following information.

1. Do you need someone to be with you when answering questions or receiving information? ☐ Yes ☐ No
2. Do you think that you are likely to require admission to a nursing home in the next 120 days? ☐ Yes ☐ No
3. Do you have a mental or physical condition(s) that require immediate attention? ☐ Yes ☐ No

Signature of Potential Nursing Facility or Waiver Recipient

Signature of Person Assisting with Completion of Form